

11/15/15: Release 3.7.21

■ **Bug fix:** Corrected an error introduced just 10 days ago, in the module that adds new diagnoses to the ICD10/DSM5 file. If you haven't added a new diagnosis to the list during this period, you can ignore this fix. If you have, you will need to repeat the addition of your new diagnoses to the file, and their assignment to whatever patients have these diagnoses.

■ **Bug fix:** Corrected the provider list box on the Run Multiple Statements window, so that you can run your bills by provider if desired, in a multi-provider practice.

■ **New feature:** At user request, an option has been added to Billing, Options and to Patient Database, screen 4, to allow the production of statements without the "previous balance" item. If you select this option, the statement will only show activity during the selected period and will ignore any visits, payments or balances from before the period. This can obviously lead to inaccurate bottom-line balances if, for example, the current period includes a payment for a charge incurred earlier; thus, care must be exercised when suppressing the previous balance. Inclusion of the previous balance is the default. Thanks to Arlene Shapiro of Woodmont Psychiatric Associates, Bethesda, MD, for suggesting this.

■ **Bug fix:** Variable numbers of units of service were printing properly on paper claims but defaulting to "1" on electronic claims. This has now been corrected. Note that the number of units must be entered with the service code, not with the patient visit. Thanks to Dr. Martin Kluger of Teaneck, NJ for catching this.

■ **Bug fix:** Removed printing of decimal points in ICD10 diagnosis codes on paper CMS-1500 insurance claim forms.

■ **Update:** Upgraded the Accounts Receivable report for multi-provider practices, breaking down the list by provider with subtotals before printing overall totals.

■ **Bug fix:** Added loop 2310A to electronic claims module, which shows referral source information when present in data set.

10/09/15: Release 3.7.20

■ **Bug fix:** Corrected an error in SETUP.EXE that was forcing manual copying of the file PM2W.INI from the server copy of the data folder, to the workstation copies of this folder. With this fix, copies of PM/2 for Windows can now again be installed automatically on remote workstations without manual intervention. We gratefully acknowledge the help of Arthur at The Computer Guys in Modesto, CA for helping to track this one down.

■ **Bug fix:** A bug that was interfering with adding new diagnosis codes to the DSM-5/ICD-10 file has been fixed. While the system ships with the complete list of DSM-5 codes, you may now again add ICD-10 codes from general medicine to the list of codes that may be printed on statements or insurance claim forms (CMS-1500).

■ **Update:** The logic of the statement-generating routine has been modified, so that statements requested on an individual basis are now produced unconditionally, while statements requested as part of a billing run are subject to the condition that they are only produced if they contain either an old balance or new activity, or both.

■ **Update:** Users may now select DSM-5 or ICD-10 diagnosis codes and/or text, separately, to appear on statements. Please note that this required a revision of the BILL3C.RPT billing format file, and so may remove any customizations that you have previously applied to this file. If you have customized your billing format, please save your original before installing this update.

09/09/15: Release 3.7.19

■ **Bug fix:** corrected DSM5 code 295.9 to 295.90

■ **Miscellaneous:** Updated the "Editorial" feature of the Help menu to function under Windows 10.

■ **Bug fix:** fixed an error that was preventing diagnosis codes for newly registered patients, from being included in Electronic Claims output

■ **Update:** removed the obsolete NSF format options from the Electronic Claims menu. Electronic claims must now be submitted under ANSI format, even if your clearing house was giving you a break and still accepting NSF format claims (this was supposed to stop back on January 1, 2012). If you've been submitting under NSF, run the ANSI setup window before producing your first batch of ANSI claims.

■ **Update:** Added the ANVICARE clearing house to the list of entities set up to receive electronic claims, in the Electronic Claims (ANSI) setup window. If you're an ANVICARE user, you will find ANVICARE at the bottom of the drop-down list of Receiver Names, and you need only enter your ANVICARE-supplied User ID to complete your setup.

■ **Bug fix:** fixed an error in the display of the report date in the Billing Summary report.

03/31/15: Release 3.7.18

■ **Enhancement:** Changed the date of sales tax items in electronic claims file, to correspond to the last date of service in the file rather than the date of file production, thereby eliminating "year-span" errors at certain claims processors, i.e. error messages triggered by claims files containing dates of service spanning more than one year.

■ **Enhancement:** Added several additional data files to the catalog of files that are backed up by the Utilities, Backup routine.

■ **Enhancement:** Automatically updates field NM109 from field ISA06 in electronic claims setup for HMSA.

02/15/15: Release 3.7.17

■ **Bug fix:** Fixed a "false-positive" error message, which was causing an incorrect "missing primary diagnosis" message to be generated while processing certain electronic claims files which actually had the diagnosis all along: another side effect of the diagnosis patch introduced in release 3.7.13.

01/19/15: Release 3.7.16

■ **Bug fix:** Fixed an error in the handling of empty secondary or tertiary diagnosis fields in electronic claims file, a side effect of the diagnosis patch introduced in release 3.7.13.

12/23/14: Release 3.7.15

■ **Interim bug fix:** The Appointment Calendar has been returned to its pre-2012 appearance and functionality while development work continues on a major revision of this module.

■ **Bug fix:** The handling of Insurance Identification Numbers for certain carriers under the Hawaii Medical Services Association has been improved, with validation checks for all ID numbers and better handling of leading zeroes.

09/07/14: Release 3.7.14

■ **Bug fix:** User Naren Rao in the office of Dr. Santapuri Rao in Staten Island, NY discovered a problem with the fix described below in Release 3.7.13, affecting the output of diagnosis codes in newly registered patients. This problem is remedied in release 3.7.14, available free to purchasers on any earlier Release 3.7 product.

06/29/14: Release 3.7.13

■ **Bug fix:** User Woodrow Campbell of Dupont Associates in Rockville, MD reported a subtle problem with diagnosis codes where one DSM-5 category mapped onto multiple ICD-10 categories, or vice-versa – the diagnoses, while remaining correct on one coding system, would "slip" toward the top of the group in the other system. This problem has been solved by utilizing a distinct internal code for each diagnosis, while retaining the DSM and ICD codes at the user interface; the solution is implemented automatically after the first login with this release.

05/25/14: Release 3.7.12

■ **Bug fix:** Dianna Dix (see note for Release 3.7.11) also noted that copayment amounts were not being posted to the Insurance Responsibility column. This problem was traced to the CPT crosswalk feature, introduced last year, that turned out to be bypassing the copayment handler for the new E&M codes. This been restored to its original functionality for visits posted via the Daysheet, Patient Account Record, and Serial Visits windows. Thanks, Dianna!

05/19/2014: Release 3.7.11

■ **Bug fix:** Dianna Dix, in the office of Dr. Wynelle Snow in Ketchikan, Alaska, reported a problem which was causing a "missing data" error message in the Patient Data Base, Insured (1) tab, to fire unnecessarily. This has been fixed in the current release.

05/09/2014: Release 3.7.10

■ **Enhancement:** Dr. Thomas Kalman of New York City, an early adopter of PM/2 for DOS, told me recently that he missed a feature of the old DOS program that reminded him of which sessions had already been billed out. It turns out that the "statement rendered" line had long been part of the Patient Account Record, but for some undocumented

reason, was now hidden. So we've put in an "options" box at the foot of the Patient Account Record, enabling the user to hide or show the "statement rendered" and "insurance claim submitted" records in the Patient Account Record display.

■ **Enhancement:** The "SIGNATURE ON FILE" texts in the 02/12 version of the CMS-1500 claim form, boxes 12 and 13, now print only if the corresponding box is checked on Patient Data Base, Insurance (2). While you will almost always want to print these texts, the opportunity to turn them off had been sought by Dr. Susan Swanson of Beverly Hills, CA.

■ **Enhancement:** The qualifier "431" will now appear in the QUAL field of box 14 of the insurance form, for non-Medicare claims, when a Date of Onset is specified in Patient Data Base, Demographics (2). Thanks to Dr. Robert Morgan of Ripon, CA for pointing out the need for this enhancement.

03/24/2014: Release 3.7.9

■ **Enhancement:** Paul Carroll, of Dupont Associates in Maryland, has helpfully pointed out that the Earnings By... and Cash Journal reports lack a column for check numbers, and also that the Post a Payment window in the Patient Account Record lacked a field for this item. This has now been remedied, and the check numbers can now be both entered and reviewed. Seven new report format files, along with some source code revisions, are supplied with this update.

■ **Enhancement:** Helen Lankenau, MD, of New Haven, CT, pointed out problems with unneeded statements being printed out during a billing run. The criteria for printing a statement have now been improved (new activity or balance > \$1.00 rather than new activity or balance > 0 as it was previously).

■ **Bug fix:** Paul Carroll, along with several other users, reminded me that the patient selection window had a hiccup whereby names could be entered either by typing them in or by scrolling, but the user could not go back and forth between the two methods. This has now been remedied, and smoother operation should be experienced by many users.

03/21/2014: Release 3.7.8

■ **Bug fix:** Beverly Stoute, MD, of Atlanta, GA caught a typo in the DSM5 diagnosis listing, which has been fixed here.

■ **Bug fix:** Added the file CMS1500A.BMP to the Reports folder, from which it had been omitted by accident. This file provides the optional printing of the new (02/12) claim form in the background, for users printing out insurance claims without using pre-printed claim forms. Thanks to Dr. Kluger in NJ for catching this omission.

■ **Bug fix:** Fixed 2 problems with the Posting window of the Patient Account Record, strengthening its error-checking capability and fixing an arithmetic error in the posting of Insurance payments. Thanks to Leanna in Dr. Singh's office in Cincinnati for pointing out these problems.

■ **Bug fix:** Fixed a problem with Patient List reports when dates are specified. Thanks to Dr. Andrew Balter of New Haven, who noticed that some of these reports were coming

up blank.

■ **Bug fix:** Fixed a problem with diagnosis pointers on the new (02/12) insurance claim form, changing the format from "1,2,3..." to "A,B,C...". Thanks to Mary Ann Juliano of Muttontown, NY for catching this one!

■ **Bug fix:** Fixed a problem with getting Electronic Claims files to respect the user's selection of DSM5/ICD9 vs. ICD10 diagnosis coding. Thanks to Dr. Joseph Okimoto of Burton, WA for pointing this one out.

■ **New feature:** Added ICD-10 code to the diagnosis area of the patient statement, where only DSM-5 code had been available previously. Thanks to John Jacobs, MD, of NYC for suggesting this one.

01/29/2014: Release 3.7.7

■ **Bug fix:** Fixed a problem with posting insurance payments on the Patient Account Record. Thanks to Jenny Toscano of San Francisco, CA for catching this one!

■ **New feature:** When check numbers are posted with a payment item on the daysheet, they are now displayed in the "Remarks" column of the Patient Account Record, as well as on the Patient Statements where they had previously been displayed.

■ **Bug fix:** A menu option has been added to enable the CMS-1500 insurance claim form margin to be adjusted on either the new (02/12) or the old (08/05) version of this form. The previous version had allowed this adjustment only on the old version of the form.

01/22/2014: Release 3.7.6

■ **Enhancement:** The check boxes on the Serial Visits window are now arranged in the form of a calendar page (by default, for the current month), instead of stringing out the days of the month in a long row as in the past. Thus, if you are seeing a patient, for example, on every Thursday of the month, you need only place a check mark in each Thursday box to post a visit of the appropriate service type for each of those days.

■ **Enhancement:** Added "to" dates to field 24A of the CMS-1500 form. While the "to" date is not required by CMS standards when it is the same as the "from" date, as it is for all services that last less than one day, completion of the "to" box is required by some insurance carriers.

■ **Enhancement:** Added the ability to print one or two "modifier" codes, such as "HJ" for EAP visits, in field 24D of the CMS-1500 form. Also added the modifier codes, when used, to the service descriptions in the Account Window and the Patient Billing Statement. Columns for these modifier codes are present on the Visit Codes window under the Files, Codes menu.

■ **Enhancement:** The Insurance Carrier dropdown on the Patient Database, Insurance

(1) tab, now responds to pressing the first letter of the insurance carrier. Thus, it is no longer necessary to scroll through the entire (sometimes very long) list of carriers to get to the one that you want.

■ **Enhancement:** The Diagnosis Code dropdown on the Patient Database, DSM5 tab, now responds to pressing the first letter of the diagnosis, regardless of which sort order has been selected at the bottom of the window. Thus, it is no longer necessary to scroll through the entire list of diagnoses to get to the one that you want.

■ **Enhancement:** Unchecking the “Use 90785” box in Provider Roster now deactivates the popup windows for the Interactive Therapy modality. This is particularly useful for professionals who do not do child treatment.

■ **Enhancement:** Further enhancement of the “Use 90833, 90834, 90838?” check box in Provider Roster, described under Release 3.7.5 below.

■ **Bug fix:** Corrected the DSM-5 code number for Oppositional Defiant Disorder, which is 313.81 not 312.81.

01/01/2014: Release 3.7.5

■ **Enhancement/Bug fix:** You can now suppress the appearance of the "Use 90833/34/38?" window for any or all providers when posting the following charge codes:

All E/M codes (99000 series)

90805

90817

90807

90819

90809

90822

90811

90824

90813

90827

90815

90829

by UNchecking the "Use 90833/34/38" box in the provider roster. This box is one column to the left of the extreme right of the provider's row in the provider roster window; you will need to scroll all the way to the right to bring it into view. If the provider NEVER needs to specify the duration of these session types, you will save some time in posting by UNchecking this box.

12/30/2013: Release 3.7.4

■ **Enhancement/bug fix:** You can now suppress the appearance of the "Use 90875?" window for any or all providers when posting the following charge codes:

90791
90792
90832
90834
90837

by UNchecking the "Use 90875" box in the provider roster. This box is at the extreme right of the provider's row in the provider roster window; you will need to scroll all the way to the right to bring it into view. If the provider NEVER performs these services with "interactive complexity," you will save a little time in posting by UNchecking this box.

12/22/2013: Release 3.7.3

■ **New feature:** Added a new claims processor (Noridian) to the Electronic Claims module

■ **Update/bug fix:** Rewrote the code for the Payment and Adjustment buttons on the Patient Account Record, resulting in a clearer and more accurate work flow and restored functionality of the Auto-Writeoff feature.

11/18/2013: Release 3.7.2

■ **Bug fix:** Fixed a problem which occurred on first launching the program, when it is installed without its database files, such as on the remote computers of a network installation.

11/09/2013: Release 3.7.1

■ **Bug fix:** Various reports have been modified to remove a bug that was leading to omission of certain visits or payments under certain circumstances.

09/16/2013: Release 3.7.0

■ **New feature:** the program has been updated to include DSM-5 diagnostic coding, along with optional ICD-10 diagnostic codes. The appearance of the diagnosis tabs on the Patient Database window has changed, so that instead of separate DSM and ICD tabs there is now just one Diagnosis tab, which contains primary, secondary and tertiary diagnoses and can be presented in natural order, or sorted by DSM-5/ICD-9 code number, ICD-10 code number, or alphabetically by narrative title of the diagnosis. Since DSM-5 code numbers closely track those in DSM-4, in most cases you will not need to re-enter diagnoses for your patients.

■ **New feature:** the program has been updated to include the new 02/12 version of the insurance claim form. The new form carries an optically scannable "QR" code in the upper left hand corner, in place of the previous "1500" inside of an oval frame or cartouche. The new form may not be used prior to January 6, 2014 and its use is optional during a transition period that lasts until March 31, 2014. Its use is mandatory from April 1, 2014 onwards. The new form can be used with the ICD-10 diagnostic codes (see above) once they become official on October 1, 2014. Two new menu options are

provided on the insurance menu: one for selecting the new form when you begin to use it, and the other for selecting the diagnosis coding system that you wish to employ (DSM-5 or ICD-10 codes) the new form. Further information about the new form can be found at <http://www.nucc.org>.

07/05/2013: Release 3.69.07

■ **Update:** the name of an Electronic Claims receiver has been changed from HWMG (CLAIMSNET) to HWMG HAWAII XCHANGE.

04/21/2013: Release 3.69.06

■ **Enhancement:** the "ignore archive settings" menu option has been made "sticky," so that it will be saved from one program run to the next.

■ **Enhancement:** 3 new electronic claims processors [UHA, HMA and HWMG (CLAIMSNET), primarily Hawaii-based] have been added to the list of claims processors available under Insurance, Electronic Claims, 837P Setup.

03/21/2013: Release 3.69.05

■ **Bug fix:** to Add New Insurance Carriers module ("My Carriers")

■ **New feature:** suppress the appearance of the Crosswalk Windows when certain conditions are met:

- the provider NEVER uses code 90785 (appropriate box in provider roster is unchecked);
- the code entered does not require translation from an earlier code into an E/M code; and
- the code entered was not 90791 or 90792

Since there are no decisions to be made when all 3 of these conditions are met, the appearance of the popup windows is unnecessary. This feature will considerably streamline visit data entry by eliminating unneeded popup boxes, reserving them for situations where there are decisions to be made. A popup window will appear the very first time the system is run after installation of this upgrade, enabling the user to check whether or not these codes are expected to be used for each provider in the system. This election can be changed at any time in the future.

■ **Enhancement:** expanded width of procedure description field in 6 reports, and replaced 2-character internal PM/2 procedure code with CPT code in 2 reports, for increased clarity.

03/03/2013: Release 3.69.04

■ **New feature:** Two new columns have been added to the Provider Roster display. These new variables are both shown as checkboxes. When checked, they enable the display of codes 90785 and 90833-90836-90838 on the CPT4 crosswalk windows.

However, if a provider NEVER uses these codes, the boxes can be UNchecked and the option to add them will NEVER be displayed for that provider.

■ **Bug fix:** to Post Payment window in Patient Account Record, inadvertently introduced in 3.69.01

02/28/2013: Release 3.69.03

■ **Bug fix:** to copayment posting in Serial Visits window when add-on codes are required

■ **Bug fix:** to parts of Mailing Labels routine

02/27/2013: Release 3.69.02

■ **Bug fix:** improved handling of CPT codes 90791/90792 and 90832/90834/90837 in the data entry windows

02/24/2013: Release 3.69.01

■ **Bug fix:** to Spread button of payment application window, restores functionality that was inadvertently removed in the recent series of updates.

12/13/2012 thru 02/17/2013: Releases 3.61-3.69

In addition to progressive refinements of the crosswalk to the 2013 CPT coding, extensive user feedback led to the addition of the following 21 new or improved features:

- Removal of the unnecessary scrollbars from User Identification window
- Adding of popups to Patient Account Record for identifying the provider and service location, and for entering remarks
- Fixing of posting issues from Patient Account Record
- Fixing of the account-update procedure on Patient Account Record
- Extensive modifications to database structure modification routines including development of custom error trapping routines
- Adding of an item to the Utility menu, to set a global variable to respect or ignore Archive setting
- Revisions to managed care summary report
- Addition of a multiple patient selection feature to archive/retrieve function
- Addition of Office Ally clearing house to list of supported electronic claims receivers
- Addition of columns for future use in provider roster for using add-on codes
- Multiple modifications to daysheet to accomodate add-on codes
- Modifications to logo window to indicate language in use

- Modifications to visit code window to indicate obsolete codes
- Corrections to visit and adjustment posting window to allow for spreading of amounts over a range of dates as per documentation
- Addition of the Recent Phone List report
- Corrections to Most Recent Visit report
- Modification of all reports to respect the Archive setting
- Correction of errors in the Label printouts
- Correction of errors in the Copay/Deductible tab of Patient Data Base window
- Modification of format of insurance carrier list display in Insurance tab of Patient Data Base window
- Modification of the validation window for entering upgrade code to provide user with immediate feedback of correct/incorrect data entry and prevent re-entry of incorrect data at future time

12/12/2012: Release 3.6

■ **Upgrade:** This is a major upgrade, making PM/2 for Windows ready for the 2013 changes to the CPT4 coding system. Three data entry windows are affected: the Daysheet, the Patient Visit Window, and the Serial Visits Window. All three make use of our brand-new “CPT Crosswalk 2013” function, which does at least 7 separate things:

- The upgrade will add the new 2013 CPT codes to your service codes data base, adding a new logical variable to distinguish the special add-on codes that cannot be used by themselves (90785, 90833, 90836, 90838 and 90840) from the remainder of the new codes, including the so-called E & M codes. Obsolete codes will *not* be deleted from your code list.
- When properly installed, the upgrade will leave your previous PM/2 installation untouched, installing into a separate folder and copying your databases to that folder.
- For services that do not have a CPT code, such as forensic evaluations, or services such as 90846 Family Therapy, as the originally entered code and charge is passed right through to the transaction database.
- For services such as 90801, where the code has been changed to 90791 or 90792 plus an optional add-on code of 90785, special windows pop up offering to make this conversion. If you are submitting your charges to a payer that does not yet require or recognize the 2013 coding changes, you can optionally override the changes and submit the charges as originally entered.
- If you are entering the charges using a new CPT code that has an optional add-on code, the system will pop up a window offering to post the add-on code.

- If you try to enter an add-on code alone, the system will reject the code and remind you to enter the primary code first.
- If you try to enter a 2013 CPT code prior to 01/01/2013, the system will remind you that these codes are not to be used until that date.

Please note that all subsidiary fields (fields other than date, type, and amount of service) on the add-on codes are copied from the corresponding fields of the primary code. On insurance claims, patient billing statements and electronic claims, all of the line items are displayed normally. In particular, please note that there are no + signs displayed before the add-on codes on either the CMS-1500 paper claims or the patient statements; per CMS, the plus sign is purely a typographical convention for use in the CPT book, and is not a feature of the insurance claim itself. This has been a source of confusion for some users who rely upon partially-trained insurance carrier personal for guidance in this area.

09/01/2012: Release 3.55

■ **Bug fix:** Restored functionality of the Provider and Location columns of the Patient Account Record, which had been impaired in release 3.54.

■ **Upgrade:** Improved and streamlined the data validation procedures on the Daysheet window.

08/13/2012: Release 3.54

■ **Bug fix:** Fixed a problem with starting a 2nd copy of the program on a network while a window was still open on the first copy (thanks to Dr. John Hardy of Denver, CO for alerting me to this one – RDK).

■ **Bug fix:** Fixed a problem with posting payment and adjustment data from the new format patient account record introduced in release 3.53 (thanks to Dr. Judy Chertoff of Bethesda, MD for alerting me to this one – RDK).

07/29/2012: Release 3.53

■ **Upgrade:** Program now automatically generates two statements, one addressed to each responsible party (guarantor), when two guarantors' data is on file.

■ **Upgrade:** Program now remembers its screen size and position at the time it was closed, and reopens with these characteristics the next time you launch it.

■ **Upgrade:** Daysheet buttons remain fixed in position relative to right hand edge of daysheet window, while grid resizes along with the daysheet window.

■ **Bug fix:** Missing button labels provided on Last Visit Report window

(There are no release notes for Release 3.52)

11/27/2011: Release 3.51

■ Several additional insurance carriers have been added to the listing provided in the ANSI setup window. Profiles are now available for the following:

- HAWAII MEDICAL SERVICE ASSOCIATION
- AVAILITY
- BLUE CROSS BLUE SHIELD OF MICHIGAN
- PALMETTO GBA RAILROAD MEDICARE
- PALMETTO GBA MEDICARE B - SC
- PALMETTO GBA MEDICARE B - OH
- PALMETTO GBA MEDICARE B - WV
- PALMETTO GBA MEDICARE B - J1 N.CA
- PALMETTO GBA MEDICARE B - J1 S.CA
- PALMETTO GBA MEDICARE B - J1 HI
- PALMETTO GBA MEDICARE B - J1 NV
- PALMETTO GBA MEDICARE B - J11 VA
- HCRNET
- TRAILBLAZER MEDICARE
- UHA

If a carrier that you wish to submit to does not appear on this list, just let us know (*and send us a copy of their "837P Companion Document"*) and we will add them to our list. A couple of test submissions may be necessary, but after that you'll be up and running.

10/23/2011: Release 3.50

■ **New feature:** PM/2 has gone multilingual! French, German, Spanish, Swedish and Italian versions are now available in addition to English, all selectable from an option at the bottom of the Utilities menu. There may be some places which are still English-only, or where the translations could be improved – if you are fluent in any of these languages and find that we've committed grammatical, spelling or idiomatic errors, please let us know! Please note that the external language files (en.txt, fr.txt, es.txt, sw.txt, de.txt and it.txt) that were used when multilingual capability was first introduced, are no longer required.

■ **New feature:** PM/2 now supports 5010 as well as 4010 formats for Electronic Claims Submission. A couple of housekeeping details were added, one to remove some extraneous text that was appearing on the electronic claims preview window and another to keep extraneous characters (like hyphens or spaces), entered by the user as part of the patient's insurance ID number, from being transmitted to the payor.

■ **New feature:** Check out the new Appointment Book format available on the Files Menu. This version offers different-colored blocks to quickly distinguish between consecutive appointments, much more flexibility in terms of starting and ending times for appointments, and greatly improved compactness in the database files containing the appointment records, which translates into greater speed and reliability as well as saving on usage of hard disk space.

■ **New feature:** All PM/2 transaction reports are now available in Summary and Detail versions. The summary reports are faster and do not contain the visit-by-visit details of the Detail reports.

■ **New feature:** All PM/2 browse windows have now been upgraded to the bBrowser standard. This replacement for the standard Visual Objects browser offers better scroll bars, a mixture of fixed and movable columns, check box displays for Boolean (yes-no or true-false) variables, and much faster scrolling of the browse tables.

■ **Upgrade:** The patient account record now shows blanks rather than zeroes when cells are empty, making for a much less cluttered visual appearance. Multiple identical records for the same date are no longer displayed.

■ **Bug fix:** A problem with retrieval of archived records has been fixed. This problem was occurring when the databases were reindexed between the time a patient was archived and the time of attempted retrieval from the archive.

08/31/2010: Release 3.43

■ **New features:** 26 new reports in addition to all of the old ones! For the first time, analyses of adjustments and refunds are now available, on the same criteria as previously offered for billings and earnings: type, primary insurance carrier, provider, place of service, source of referral and month, in both summary and detail form, as well as activity reports for both adjustments and refunds.

■ **Bug fix:** the Billing Options feature that turns on and off the Insurance/Patient Responsibility breakout at the bottom of the statement, was broken – probably because an obsolete version of the billing format file, BILL3B.RPT, was posted. The user control over this feature has been put back into the report format file, and the Insurance/Patient Responsibility breakout is once again an optional feature, as it was designed to be.

■ **Bug fix:** the Tiered Copayments options on the Copayments tab of Patient Demographics was broken – this time for unknown reasons – it was triggering an error message when users tried to save patient data with tiered copayments. This problem has been fixed, and such copayment arrangements can now be saved as intended.

■ **Bug fix:** fixed an error that was occurring upon exit from the Export to Palm Pilot module, when no file was selected and the user clicked Cancel.

06/13/2010: Release 3.42

■ **New features:** many new reports: summary versions of reports previously available. Now, before running any of the "Billings By" or "Earnings By" analyses, you are prompted to select "Summary Only" or "Full" versions of these reports. If you select "Summary Only", you get only single-line summaries of each month, or insurance carrier, or provider, or whatever, rather than a full line-by-linelist of activity under each heading. Saves lots of paper, time and, on occasion, unwanted detail!

■ **Bug fix:** on the same reports as above, we have finally reproduced and eliminated the

problem of "orphaned" first lines to many of the reports. Now, all items in a given heading appear together, no need to add the very first line back in to the totals appearing on page 2 and later.

04/25/2010: Release 3.41

■ **New feature:** a keystroke (or mouseclick) saver. If you select "Previous Month" as the default billing or reporting period, and you are working on (say) April 25, then 03/01 thru 03/31 will come up by default. If you then change the start date of your billing, insurance claim or reporting period from "03/01" to "04/01", then system will now automatically change the end date from "03/31" to "04/30" as well.

03/21/2010: Release 3.40

■ **New feature:** in running CMS-1500 insurance claim forms, the system now automatically detects whether or not you have saved a signature file under the file name sig001.jpg, sig002.jpg etc. If it detects a signature file, it will use it to fill in box 31 of the form; otherwise, it will print the provider's name in plain text.

■ **Bug fix:** fixed a bug, accidentally introduced in rel. 3.39, in printing patient lists from solo-practice installations.

■ **New feature:** the program now pulls the last validated name from the Day Sheet and treats it as the "current" patient, just as it does with the last name entered through any of the patient selection windows. This facilitates your work in situations where you are making multiple types of data entry on a single patient.

■ **New feature:** multiple old accounts can be written off with a single mouse click on a popup window which appears after an A/R report is run. The system selects accounts to be written off based on their age, which must be greater than the threshold selected before running the A/R report.

■ **Update:** updated syntax in the language that launches the Outlook calendar, to reflect requirements of the latest version of Outlook.

■ **Bug fix:** changed field PRV02 of loop 2310 of the electronic claims file from "XX" to "ZZ" per format requirement.

■ **New feature:** a new option on the Insurance Menu allows you to adjust the print margins on the CMS-1500 Insurance Claim Form, without having to use the complicated Modify Format window. This convenient feature allows you to compensate for minor differences between printers and between batches of printed claim forms, to insure that the printing on the form stays within the boxes doesn't touch the lines, possibly triggering a rejection by the insurance company.

■ **New feature:** automatic data import from Medisoft is now available on the Utilities, Import menu. If you are a Medisoft user and are installing PM/2 for Windows to the same computer or network where you have Medisoft installed, you need only specify the location of the Medisoft data files. The import utility can also work from a CD or any other memory device containing the following 8 Medisoft datafiles: **MWPAT.ADT**, **MWCAS.ADT**, **MWTRN.ADT**, **MWINS.ADT**, **MWBSP.ADT**, **MWPHY.ADT**,

MWADD.ADT, and MWPRO.ADT.

■ **Update:** An updated ICD diagnosis file has been provided, reflecting the recent addition of about two dozen new diagnostic codes, as per the following list:

- 799.22 Irritability
- 799.23 Impulsiveness
- 799.24 Emotional lability
- 799.25 Demoralization and apathy
- 799.29 Other signs and symptoms involving emotional state
- 969.00 Poisoning by antidepressant, unspecified
- 969.01 Poisoning by monoamine oxidase inhibitors
- 969.02 Poisoning by selective serotonin and norepinephrine reuptake inhibitors
- 969.03 Poisoning by selective serotonin reuptake inhibitors
- 969.04 Poisoning by tetracyclic antidepressants
- 969.05 Poisoning by tricyclic antidepressants
- 969.09 Poisoning by other antidepressants
- 969.70 Poisoning by psychostimulant, unspecified
- 969.71 Poisoning by caffeine
- 969.72 Poisoning by amphetamines
- 969.73 Poisoning by methylphenidate
- 969.79 Poisoning by other psychostimulants
- V60.89 Other specified housing or economic circumstances
- V61.07 Family disruption due to death of family member
- V61.08 Family disruption due to other extended absence of family member
- V61.42 Substance abuse in family

08/02/2009: Release 3.39

■ **Bug fix:** in the New Patient registration area, patient home telephone numbers were not being carried over automatically into insured party home telephone numbers when “self” was selected as the insured party. This field is now populated automatically along with the rest of the window.

■ **Enhancement:** The patient list box within the patient selection window now resizes automatically to reflect the size of the window, so that if you expand the window, the listing expands with it to show more patients, more columns of data, or both.

■ **Enhancement:** The patient mailing labels (under Forms Menu) can now be obtained for patients seen within a specified range of dates, and can be limited to patients of any given provider within the practice.

■ **New Feature:** A new report has been added to the Reports Menu. The Most Recent Visit report shows the date that each patient was last seen in the practice. This report can be useful when trying to decide which accounts are inactive and can be archived.

■ **Bug fix:** in the Posting Button of the Calendar module, a bug was triggering an error message when the user requested a printout of the visits that had been posted (the visits themselves were posting correctly).

■ **Bug fix:** Corrected an error in the insurance claim print format that was causing the "units" amount (form CMS-1500 item 24G) to default to "1" even when other values were

specified in the Service Codes table.

■ **Bug fix:** Corrected an error in the print format for progress notes that was causing the first word of certain notes to be omitted from the printed (not screen) version of the notes.

■ **New feature:** Added BCBSCOM.DBF, a database of commercial insurance carriers for which Blue Cross Blue Shield of Michigan can submit electronic claims as a clearing house.

■ **Enhancement:** Further improvements in the Prescription Writer module, to allow printing of Rx's on a wider variety of safety paper forms, both with and without pre-printing of prescriber identifying information.

■ **Enhancement:** Added column in Insurance Carriers data base for the Claims Office Code, a required field for some Commercial insurance carriers when submitting electronically to certain clearing houses.

■ **Bug fix:** Fixed bug in Progress Notes printing that was causing the normally invisible RTF format codes to appear in the printed (not onscreen) version of notes.

■ **Enhancement:** Modified Insurance Carrier database to increase the range of defined Carrier Types, including FEP and BCN for Blue Cross and Blue Shield of Michigan.

02/23/2009: Release 3.34

■ **Enhancement:** Extensive revisions to the Progress Notes Template module, including use of macros and user-selectable fonts in place of mandatory Courier.

■ **Enhancement:** Redesign of Add New Provider window to accomodate pulldown listing of Taxonomy Codes, required by HIPAA for electronic claim submission.

■ **Enhancement:** Redesign of Add New Location window.

■ **Enhancement:** Cosmetic changes to Add New Managed Care Approval window.

■ **Enhancement:** Added HAWAII MEDICAL SERVICE ASSOCIATION as an approved electronicclaims processor, with automatic fill-ins of the setup window for that carrier.

■ **Enhancement:** Continuing major updates to the Help system, now in .CHM format for compatibility with Windows Vista and beyond.

■ **Enhancement:** Customization for electronic claims submitters to Hawaii Medical Service Association. This customization forces certain choices on the ANSI Setup Window so that the user no longer has to make these selections on his own, and removes an error message previously triggered by a Hawaii submission requirement.

01/05/2009: Release 3.33

■ **Enhancement:** Ongoing revisions continue to the Help system, now in .CHM format

for compatibility with Windows Vista and beyond.

■ **Bug fix:** Resolved a problem, apparently introduced in release 3.32, with prior balances being duplicated in first visit of a statement period.

12/24/2008: Release 3.32

■ **New feature:** An HTML browser has been added to display the error logs for electronic and paper insurance claims. The browser can also function as a limited Web browser for displaying Web pages.

■ **New feature:** Real-time data edits on paper claims (CMS-1500) catch the large majority of errors arising from missing or invalid data, before the claim ever leaves your office and triggers a rejection at the carrier, resulting in substantial savings of both time and money. Results are saved in an HTML error log file.

11/27/2008: Release 3.31

■ **New feature:** Validation of your insurance carrier file against the master carrier file to guard against missing or invalid electronic carrier ID numbers, AND against the zip code file, to guard against invalid mailing addresses for insurance claim submission. Results are saved in an HTML error log file.

■ **New feature:** The system can now place a scanned image of your handwritten signature in Box 31 of the CMS-1500 form instead of the printed text of your name. A signature for each provider in your practice can be scanned and saved by any scanner application and saved under any file name. The Provider Roster now contains a button to activate a new window which provides all of the required signature-handling capabilities, including checking the signature files for validity and copying valid signature into the reports folder under valid names (sig001.jpg, sig002.jpg, etc.)

11/09/2008: Release 3.3

■ **New feature:** Real-time data edits on electronic claims catch the large majority of errors arising from missing or invalid data, before the claim ever leaves your office and triggers a rejection at the carrier or clearing house, resulting in substantial savings of both time and money.

■ **New feature:** A new database of over 1400 health insurance carriers and their Electronic Claims Submission ID numbers is now included on the files menu. When you run electronic claims, a missing electronic ID number can trigger a claim rejection, but the system will search for approximate matches to your carrier names in this master carrier database when the ID number field is empty, and then ask you to confirm the match and add the carrier number. You can also do manual lookups on this file to update your own carrier database (for example when abbreviations prevent the program from recognizing a match).

■ **New feature:** Electronic claims submission is now available in HIPAA-compliant, ANSI X12 format in addition to the older NSF format.

■ **Upgrade:** The entire system has been recompiled under CA-Visual Objects release 2.8, with resulting enhancements in overall speed, efficiency and stability.

■ **Upgrade:** Setup program enhanced by switching from InstallShield to InnoSetup, which gives clearer Setup messages and options, puts the entire Setup into one file for easier Web downloading, eliminates need for Winzip compression of a multi-file Setup program, and works equally well under 32- and 64-bit Windows (just don't call it Vista!).

■ **Upgrade:** Managed care tracking now follows multiple concurrent authorizations for a single patient.

■ **Upgrade:** Managed care tracking reports have been rewritten for greater speed and legibility of output format.

12/26/2006: Release 3.2

Release 3.2 is a major upgrade, designed to handle the new NPI number and the revised 1500 insurance form.

■ **Upgrade:** Insurance form layout has been modified to handle all fields and layout modifications for the new insurance form. It includes an updated bitmapped image of the form itself.

■ **Upgrade:** Both billing and insurance forms are now printed each from a single template file (BILL3A.RPT and INS5C.RPT) rather than the multiple separate templates formerly maintained for each report. This will vastly simplify maintenance and customization of these reports.

■ **New feature:** Fields for the NPI number are now found on the User Identification window, and on the Provider, Referral Source and Service Location windows, as each of these items may now have an NPI number.

■ **New feature:** An entirely new window, a grid for maintaining carrier-specific Provider Identification Numbers (i.e., those issued by specific insurance carriers) is now included on the Files menu. Although such numbers in theory will be rendered obsolete by the NPI, the newly revised 1500 form includes fields for such carrier-specific numbers and there can be no assurance that every carrier will successfully complete the crossover to the NPI number on schedule. Thus, the system provides a method for maintaining a database of provider-issued identification numbers which can be used along with the NPI in field 24 of the 1500 form for as long as necessary. This feature includes the Provider Number Wizard, a step-by-step method which clues you in as you enter a carrier specific provider number, including the 2-character identifier for the type of provider number. This is much simpler than filling in a huge grid of data without guidance.

■ **Maintenance upgrades:** Numerous routine maintenance items. One that is of particular importance is a result of collapsing all of the separate report templates formerly used: you are now guaranteed that billing and insurance claims will be identical in format and content regardless of whether they are run singly or as part of a bulk run.

07/23/2006: Release 3.11

■ **New feature:** When registering a new patient, the default Service Location now automatically defaults to service location no. 1 on your Service Locations list rather than remaining "unspecified." This can be overridden at any time and prevents error conditions due to missing Service Location codes when posting visits on the Daysheet.

■ **New feature:** In Lab Results and Rx Review windows, when you modify the width of a column in the display, your modifications are now retained for the next time you log on. You can return to the original (default) column display by clicking the Restore Display Defaults option on the Edit menu when viewing either of these windows.

03/31/2006: Release 3.10b

■ **New feature:** Added a Units column to Lab Results database for compliance with various State Board requirements.

■ **New feature:** Fixed default for Carrier Type in Add New Insurance Carrier window - had been causing a bypassable error when no selection was made in this field.

■ **Enhancement:** Further fine-tuning of Billing Summary report.

02/20/2006: Release 3.10a

■ **New feature:** Changed format of distribution version of User's Manual from MSWord to PDF for enhanced portability, significantly reduced file size and greater security.

■ **Bug fix:** for a problem in data retention which was introduced in release 3.10. No changes in features or functionality.

02/12/2006: Release 3.10

■ **Maintenance update** on associating patients with providers in Patient Data Base.

■ **Maintenance update** on Next Appointment Lookup feature of Appointment Calendar module.

■ **Update:** Billing Summary report has been streamlined to include opening balance, new credits/debits, and closing balance on active accounts online, in single line format.

07/20/2004: Release 3.07

■ **Update:** Insurance claim formats (1500 form) have been modified to meet the new CMS requirements for completion of box 32.

■ **New feature:** Data import from Blumenthal Software PBS2 for Windows. As with the other Import options, this one is located on the Utilities menus and enables the user to import the Patient Demographics, Insurance Carrier table, diagnoses, payor and transaction data from the competing system. The source data must either reside on the same computer or network on which you are running PM/2, or else a complete copy of the source data must exist on a Windows-readable disk (CD, Zipdisk,etc.) on the PM/2 computer.

■ **New feature:** Worker's Comp added to the list of valid Insurance Carrier types.

06/06/2004: Release 3.06

- **Enhancement:** A Remarks column has been added to the Prescription Browser. (This feature and the two that follow are due to suggestions by Dr. Malcolm Gordon, a long-time client from Darien, CT. Thanks, Malcolm!)
- **Enhancement:** Double-clicking on any of the column headings in the Prescription Browser now leads the browser to be re-sorted by the selected column.
- **Enhancement:** Entering a prescription now automatically creates a Progress Notes record of the prescription, in addition to the automatically generated entry in the Prescription Record flow sheet.
- **Enhancement:** Managed-care countdown popup window now pops up Daysheet as well as Visit Window on the Patient Account Record window.
- **Enhancement:** Buttons have been centered at the bottom of the Review Progress Notes window instead of being displaced to the right.
- **Bug fix:** the Delete option on the Insurance Carriers, Referral Source and Service Locations window, broken in a recent update, has been restored to functionality.
- **Bug fix:** the Routing Slips options on the Billing Menu, also broken in a recent update, have been restored to functionality.
- **Bug fix:** a problem with the countdown feature of the Managed Care Summary, which was broken by a bug in a recent update of the ReportPro reporting system used by PM/2, has been eliminated.
- **Bug fix:** an error on the Accounts Receivable report, affecting data entered under release 2.6 or earlier but being displayed under release 3.0 or later, has been corrected.

02/15/2004: Release 3.05

- **New feature:** users can now assign their own names to any or all of the ten user-defined data columns in the Provider Roster and the Service Locations and Service Locations data bases of the Files Menu. If this feature is not used, the column names still default to "User-defined column 1", "User-defined column 2", etc.
- **Maintenance update:** the blank Patients and Transaction database files have been regenerated from scratch to eliminate the occasional occurrence of the Assertion Failed error message when first opening these files. This update will have no effect on existing installations; it applies to new installations only.

12/17/2003: Release 3.04c

- **Bug fix:** Another path-independence patch, this time for networked installations.

08/30/2003: Release 3.04b

- **Bug fix:** Restored path-independence of patient data base, allowing the program to access patient files wherever they are located on the computer, that was inadvertently

deleted from Release 3.04a.

08/23/2003: Release 3.04a

■ **Bug fix:** Restored formatting of telephone nos. and SSN's in Patient Data Base, as per earlier releases, that was inadvertently deleted from Release 3.04.

08/18/2003: Release 3.04

■ **Bug fix:** Upgrade of Insurance Claim format files ins.rpt, ins2.rpt ... ins8.rpt for proper display of student and employment status in box 8 of the HCFA-1500 form.

■ **Bug fix:** Enhancement of Serial Visits window to correctly initialize the Place of Service field even when that variable has not been filled in on the Patient Data Base form.

07/29/2003: Release 3.03

■ **Enhancement:** Upgrade of Diagnostics function (on Utilities menu) for compatibility with 32-bit executable.

■ **Enhancement:** Change in DateTimePicker fields (data entry fields with drop-down calendars) from standard Windows version to RightSLE fields, offering greater flexibility, better data validation, and improved functionality when the fields are left blank.

■ **Enhancement:** Change in format of data columns in tabular windows so that numerical entries begin at the left hand edge of the field rather than one column to the left of the decimal point, which is standard Windows behavior but cumbersome in the program environment.

■ **Enhancement:** Serial visits window: Updated to reflect changes in number and order of data entry fields on the window.

■ **Enhancement:** Patient selection window (for Patient Account Record): Bug fix to correct unintended reordering of patient list after the display of one account record.

■ **Enhancement:** Patient data base modified to provide the user with greater control over patient level defaults; ability to set defaults retroactively across the entire patient list.

■ **Enhancement:** Multiple patient billing window: Repairs and improvements to progress gauge (originally broken in the transition from 16 to 32-bit executable).

■ **Enhancement:** Alphabetic range dialog box: Improved functionality (automatic skipping to next field after a single letter entered; automatic capitalization; deeper pulldown lists).

■ **Bug fix:** Accounts receivable report: Fixed round-off error introduced in the transition from 16 to 32-bit executable.

■ **Enhancement:** Password and login windows: Enhanced security by displaying and saving passwords with fields of asterisks and with appropriate encryption.

■ **Enhancement:** Backup and Restore utilities modified for functionality in Windows XP environment.

■ **Enhancement:** Billing statement format: Multiple revisions for improved legibility and accuracy.

07/06/2003: Release 3.01

■ **Enhancement:** Upgrade from 16-bit to 32-bit executable: Greater speed, reliability and full compatibility with 32-bit operating systems such as Windows XP. Full 32-bit "look and feel." Eliminated usage of crash-prone 3rd-party programming libraries; all programming now uses "pure"CA-Visual Objects code.

■ **Enhancement:** Support for Sales Tax on professional services: Currently an issue only in Hawaii, but undoubtedly coming to the mainland soon.

■ **Enhancement:** Billing formats: Now supporting patient-level and global billing messages and overdue notices on patient bills.

■ **Enhancement:** User-selectable defaults: Choose how you want new patient accounts to be set up. If desired, apply these default settings to previously entered patients as well, with a single mouse-click.

■ **Enhancement:** Patient searching: Now available by account number as well as by name.

■ **Enhancement:** More convenient pull-downs in the Alphabetic Name Range window.

■ **Enhancement:** Numerical data entry in Fee Schedule, Day Sheet and Payment/adjustment windows now starts at the left-hand edge of each cell in the table. No more need to backspace over from the first digit to the right of the decimal point.

■ **Enhancement:** Calendar Window: Format setting can now be modified on the fly. No more need to reselect the calendar after changing a setting - you can see the effects of your selection immediately, and refine them further if desired. No more automatic updates of the calendar each time you log in -this is now done only when required.

■ **Enhancement:** Insured Party and Guarantor Windows in the Patient Data Base section now offer a "Remove" option in case a given insurance or guarantor lapses and is not replaced by another.